

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34627

State File No. ....

FILED OCT 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4185 Registrar's No. 13

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sullivan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Boone Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Northside Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Sullivan, Mo. R#2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Bell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 22, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 7, 1881</b>
9. AGE (In years last birthday) <b>71</b>		10. MONTH (Day) (Year) <b>3 15</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin County, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andrew Bell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah McAllister</b>	
14. NAME OF HUSBAND OR WIFE <b>Nora Bell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>NIL</b>	
16. SOCIAL SECURITY NO. <b>NIL</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nora Bell, Sullivan, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Hours</b>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sullivan Mo. Franklin County Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 1950</u> , <u>Oct 22</u> , 1952, that I last saw the deceased alive on <u>Oct 22</u> , 1952, and that death occurred at <u>2:40 PM</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Ronald K. Keith Sr</b>		23b. ADDRESS <b>Sullivan Mo</b>	
23c. DATE SIGNED <b>10-23-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Oct 25, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crow Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Franklin County, Missouri</b>		25. FIRE DEPARTMENT DIRECTOR'S SIGNATURE <b>H. V. Shaffer</b>	
25. ADDRESS <b>Sullivan Mo</b>		DATE REC'D BY LOCAL REG. <b>10-23-52</b>	
REGISTRAR'S SIGNATURE <b>Ch. R. ...</b>		25. ADDRESS <b>Sullivan Mo</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.